

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Myrna I. Aguayo Diaz
Participant's Address: RR 2 Box 4159 Toa Alta, P.R. 00953
Participant's Email Address: myrnaive@gmail.com
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 173510
Nature of Claim: Public Employee and pension Retiree Claim
By: Myrna I. Aguayo Diaz Department of Education
Signature
Myrna I. Aguayo Diaz
Print Name

Title (if Participant is not an individual)

12 agosto 2021
Date

RECEIVED & FILED
2021 AUG 13 PM 2:51
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

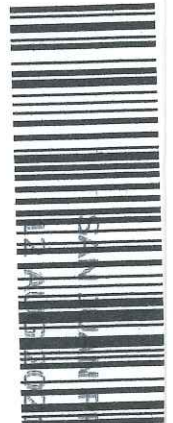
From: Myrna I. Aguayo
RR2 Box 4159
Tos Alto P.R. 00953

RECEIVED & FILED
2021 AUG 13 10 2 52
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

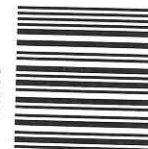
00918-170625

To: United States District Court
Clerk's Office
150 Ave. Chardon Ste. 150
San Juan, P.R. 00918-1767

7021 0350 0001 3411 9979



1000



00918

U.S. POSTAGE
EPM LETTER
VEGA ALTA, PR
00692
AUG 12 21
AMOUNT
\$7.00
R2305M148474-7

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Richard Rzedkowski Chevere
Participant's Address: URB. Quintas de Cupey As Calle 14, SJ, PR. 00926
Participant's Email Address: RRC10625@yahoo.com
Name of Counsel: Ivone Gonzalez Morales
Address of Counsel: Edificio Gallardo, San Juan, PR 00921
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS
Nature of Claim: Discovery for Codification of Commonwealth Plan of Adjustment
By: RR

Signature

Richard Rzedkowski

Print Name

Title (if Participant is not an individual)

08/12/2021
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Richard Rzebkowski
URB. Quintas de Cuper
As Calle 14
San Juan PR 00922

RECEIVED & FILED

2021 AUG 13 PM 3:07

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

SAN JUAN PR 009
12 AUG 2021 PM 1 L



Court's Clerk's Office
Unit & Sateles District Court
Clerk's Office
150 Ave. Carlos Chardon Ste. 150

00918-17849-1767
San Juan, PR 00918-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Ruth Arlequin

Participant's Address:

40 Condominio Caguas Tower Apt. 2201
Caguas, P.R. 00725

Participant's Email Address:

arlequinruth@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

51419

Nature of Claim:

Public Employee and Pension / Retiree Claims

By:

Signature

Ruth Arlequin

Print Name

Title (if Participant is not an individual)

August 11th 2021

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

From: Ruth Arleguín
40 Condominio Casuar Tower
Apt. 2201 Casuar P.R. 00725

RECEIVED & FILED
2021 AUG 13 PM 3:00

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

7021 0350 0001 3906 2287



U.S. POSTAGE PAID
FCM LETTER
CAGUS, PR
AUG 11, 21
AMOUNT
\$7.00
R2304E106576-20

Tr. United States District Court
Clerk's Office
150 Ave. Carlos Chardon Ste 150
San Juan, P.R. 00918-1767

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Jorge L. Diaz Matos
Participant's Address: HC 03 Box 9670 Gurabo P.R. 00778
Participant's Email Address: diaz.matos.jorgeluis@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 150895
Nature of Claim: Administrative Claim: Wage Claim
By: Jorge L. Diaz Matos
Signature
Jorge L. Diaz Matos
Print Name
[Signature]
Title (if Participant is not an individual)
August 11 - 2021
Date

RECEIVED & FILED
2021 AUG 13 PM 3:00
CLERK'S OFFICE
DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: (United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.)



ESTADO LIBRE ASOCIADO DE PUERTO RICO



CERTIFICACIÓN

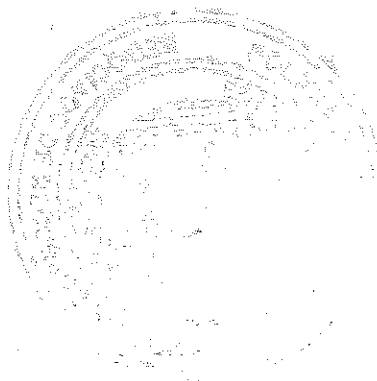
Certifico que **Jorge L. Díaz Matos**, seguro social XXX-XX-**4527**, fue empleado de la Policía de Puerto Rico, ocupó un puesto de **Agente**.

Ingresó el 16 de enero de 1984 a la **Agencia** y renunció el 20 de junio de 2013, para acogerse a los beneficios de pensión por años de servicio de la Administración de los Sistemas de Retiro.

Esta información fue corroborada por el **Sistema de Nómina de la Policía de Puerto Rico. (ADP/PAYROLL)**.

Dada hoy 6 de abril de 2016, en San Juan, Puerto Rico.

Griselle Rodríguez Merced
Auxiliar En Sistema De Oficina II
Sección Servicios al Empleado
División Nombramientos y Cambios



San G. Ruiz Rpt 7-4531
Tnte. II Luis A Pérez Rojas 7-4531
Comandante Int. Dto. De San Lorenzo



Gobierno de Puerto Rico
ADMINISTRACION DE LOS SISTEMAS DE RETIRO
DE LOS EMPLEADOS DEL GOBIERNO Y LA JUDICATURA
PO BOX 42003 - SAN JUAN PR 00940-2203

1 de julio de 2013

JORGE L DIAZ MATOS
HC-3 BOX 9681
GURABO PR 00778

Estimado (a) señor (a) **DIAZ**:

Deseamos informarle que su solicitud de **PENSION POR MERITO** ha sido aprobada efectiva el **31 DE MAYO DE 2013**. La pensión que le corresponde recibir de acuerdo con la legislación vigente es de **\$1,962.43** mensuales y comenzará a recibir sus pagos en la **SEGUNDA QUINCENA DE JULIO DE 2013**. Si posteriormente esta Administración determina la existencia de deficiencias que afecten esta decisión, se procederá a hacer los ajustes pertinentes.


Los pensionados por edad y años de servicio o por mérito, podrán servir al Gobierno, sus instrumentalidades, municipios o corporaciones públicas, sin que se le suspendan sus pagos de pensión, en las siguientes circunstancias; prestar servicios profesionales y consultivos mediante contrato a base de honorarios; servir en puestos regulares con horario parcial que no exceda de la mitad de la jornada completa de trabajo y recibiendo una retribución que no exceda la mitad de lo que correspondería al mismo puesto si fuera a jornada completa.

Para obtener información adicional al respecto, puede comunicarse libre de costo a través de **TELERETIRO** al 1-877-777-2020.

Le extendemos el más sincero reconocimiento por su dedicación al servicio público.

Cordialmente,

Héctor M. Mayol Kauffmann
Administrador


Wanda G. Sánchez Ortiz
Directora
Área de Servicios al Pensionado

MSOLIS



GOBIERNO DE PUERTO RICO

POLICIA



**RENUNCIA POR JUBILACIÓN POR AÑOS DE SERVICIO Y
SOLICITUD DE ASCENSO AL RANGO DE SARGENTO
(AGTE. JORGE L. DÍAZ MATOS 11789)**

(Re:/DRPE-CCa-6-DSL-44-196- - - - 12/04/13)

DRPE-CCa-6-3-106

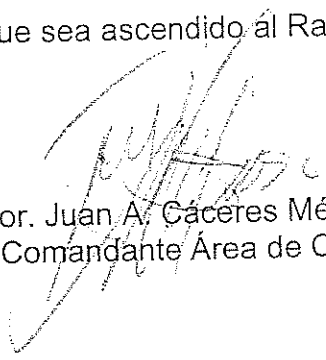
REGIÓN CAGUAS

18/04/13

Referido al Cor. Leovigildo Vázquez Bonilla 1-10466, Director Región Este.

Le incluyo comunicación mencionada en el asunto suscrita por el Agte. Jorge L. Díaz Matos 11789, adscrito al Distrito de San Lorenzo. En la misma presenta su renuncia para que sea efectiva el 30 de mayo de 2013.

No tenemos objeción a que sea ascendido al Rango de Sargento.


Tnte. Cor. Juan A. Cáceres Méndez 2-12896
Comandante Área de Caguas



ASOCIACIÓN DE EMPLEADOS DE GOBIERNO DE PUERTO RICO
DEPARTAMENTO DE SEGUROS

SOLICITUD DE BENEFICIO POR AÑOS DE SERVICIO ASEGURADOS

VER INSTRUCCIONES AL DORSO

I - INFORMACIÓN SOBRE EL SOLICITANTE					
Nombre JORGE L. DIAZ MATOS		Fecha de Nacimiento 10-05-1959		Seguro Social	
Dirección Física CARR. 941 KM. 5.0 BO. JAGUAS SECTOR LOS PAGANES GURABO		Dirección Postal HC 03 BOX 9681 GURABO, PR. 00778			
Pueblo GURABO		Código Postal 00778		Pueblo GURABO	
				Código Postal HC 03 BOX 9681 GURABO, PR 00778	
Indique la (s) Agencia (s) donde ha Trabajado					
A) POLICIA DE PUERTO RICO		Desde 16 ENERO 1984		Hasta 30 DE MAYO DE 2013	
B)					
C)					
Conteste las siguientes preguntas					
¿Fecha ingresó al seguro? Mes / Día / Año		¿Perdió el seguro alguna vez? <input type="checkbox"/> Sí Fecha _____ <input checked="" type="checkbox"/> No 23 Mayo 2013 Fecha de Solicitud		¿Ha vuelto a ingresar al seguro alguna vez? <input type="checkbox"/> Sí Fecha _____ <input checked="" type="checkbox"/> No Firma del Solicitante	
¿Cambió de categoría de Seguro? <input type="checkbox"/> Sí Fecha _____ <input checked="" type="checkbox"/> No					
II - CERTIFICACIÓN DE LA AGENCIA					
Certifico que <u>Jorge L. Diaz Matos</u> Seguro Social _____					
Cesó de trabajar en esta agencia en <u>6-20-13</u> Mes / Día / Año					
Disfrutó de Licencia sin Sueldo desde <u>12-23-1998</u> hasta <u>4-25-2000</u> Mes / Día / Año					
Fecha último descuento de Seguro <u>6-20-13</u>					
<u>Policia De Puerto Rico</u> Nombre de la Agencia			<u>[Firma]</u> Nombre Director de Personal o su Representante Autorizado		
<u>14-8-13</u> Fecha de Certificación			<u>[Firma]</u> Firma Director de Personal o su Representante Autorizado		
III - CERTIFICACIÓN DE LA AGENCIA O SISTEMA DE RETIRO QUE PAGA LA ANUALIDAD O PENSIÓN					
UNA VEZ SE LE APRUEBE LA PENSIÓN O ANUALIDAD DEBERÁ CERTIFICAR ESTE FORMULARIO EN EL SISTEMA DE RETIRO O AGENCIA A LA CUAL PERTENECE.					
Certifico que a _____ Seguro Social _____					
se le aprobó la pensión o anualidad efectivo al _____ Mes / Día / Año					
Nombre del Sistema de Retiro o Agencia al cual Pertenece			Nombre Director o su Representante Autorizado		
Fecha de Certificación			Firma Director o su Representante Autorizado		



ASOCIACIÓN
DE EMPLEADOS
DE GOBIERNO DE PUERTO RICO

SOLICITUD PARA CONTINUAR ACOGIDO AL SEGURO POR MUERTE Y AUTORIZACIÓN DE DESCUENTOS DE LA PENSIÓN

AE - 38 pdf
3 - 2012 (Rev.)

ORIGINAL - Asociación (AE)
COPIA - Asociado

1. NOMBRE Y APELLIDOS <u>Jorge L. DIAZ MATOS</u>	2. NÚM. EMPLEADO	3. NÚM. SEGURO SOCIAL
4. DIRECCIÓN POSTAL <u>40 03 BOX 9681 GUAYAMA P.R. 00731</u>	5. TELÉFONO <u>787-408-0523</u>	6. FECHA DE NACIMIENTO Mes / Día / Año <u>10 05 59</u>
7. PLAN DE SEGURO		

La Sección 19 de la Ley Núm. 165 del 11 de agosto de 1988 dispone que los empleados que pertenecen al Seguro por Muerte, que cesen en sus empleos, podrán continuar acogidos al Seguro por Muerte si así lo notifican por escrito a la Asociación. TIENE SESENTA (60) DIAS CALENDARIOS, A PARTIR DE LA FECHA DE CESE PARA RADICAR ESTA SOLICITUD. Recuerde que todo asegurado que deje al descubierto su seguro por más de seis (6) meses consecutivos perderá el derecho al mismo. Evite que esto ocurra pagando a tiempo su seguro, una vez aprobada su solicitud para continuar acogido al Seguro por Muerte.

Si desea continuar Acogido al seguro como socio (a), luego de haber liquidado sus ahorros a través de pago directo, inicie y firme.

Prima \$ ☐
[Firma]
FIRMA DEL ACOGIDO

[Iniciales]
23 Mayo 2013
FECHA

CERTIFICACIÓN DE LA AGENCIA

(FAVOR DE LLENAR TODOS LOS ENCASILLADOS)

CERTIFICO COMO CORRECTOS LOS SIGUIENTES DATOS:

Nombre empleado Jorge L. Diaz Matos
 Depto., Agencia o Instrumentalidad Pública Policia De Puerto Rico
 Fecha de aceptación de la renuncia 6-20-13 Mes / Día / Año Fecha de cese 6-20-13 Mes / Día / Año
 Razón de cese Pension SISTEMA DE RETIRO QUE PERTENECE:
 En licencia sin sueldo: Desde 12-23-1998 Mes / Día / Año hasta 4-25-2000 Mes / Día / Año
 Se descontaron cuotas para seguro de la Asociación hasta Mes / Día / Año

FECHA DE RECIBIDO EN LA AGENCIA

14-8-13
FECHA DE CERTIFICACIÓN

[Firma]
NOMBRE EN LETRA DE MOLDE, JEFE PERSONAL O SU REPRESENTANTE AUTORIZADO Y TELÉFONO

[Firma]
FIRMA, JEFE PERSONAL O SU REPRESENTANTE AUTORIZADO

LLENE SOLAMENTE SI SE VA A PENSIONAR

La Ley 86 del 26 de junio de 1974 y la Ley 165 del 11 de agosto de 1988, las cuales enmiendan la Ley Núm. 133 del 28 de junio de 1966, conocida como la Ley de la Asociación de Empleados de Gobierno de Puerto Rico, confiere el derecho a los Pensionados Acogidos al Seguro por Muerte que lo autoricen, a continuar aportando de su pensión para el Fondo de Ahorro y Préstamos y poder así tener derecho a hacer préstamos y a otros beneficios. También se confiere el derecho, si lo autoriza previo a la jubilación, a continuar cotizando ahorros de su pensión, sin interrupción ni liquidar la cuenta. Establece, además que para disfrutar de este beneficio las cuotas del Seguro por Muerte deben ser descontadas de la pensión. A tales fines, yo, como Pensionado Acogido al Seguro por Muerte de la Asociación de Empleados de Gobierno de Puerto Rico, AUTORIZO AL SISTEMA DE RETIRO, a que descuenta de mi pensión y remita directamente a la Asociación las aportaciones que correspondan, según indico a continuación.

Autorización de Descuentos de la Pensión (Escoja una de las siguientes opciones)

Si desea continuar Acogido Liquidando Ahorros, escoja una de las siguientes, inicie y firme.

DESCUENTO DE SEGURO SOLAMENTE ☐ \$
Iniciales

DESCUENTO DE SEGURO Y AHORROS ☒ 3% ☐ Mayor 3% Indique %
Iniciales [Firma]

Si desea mantenerse en Continuidad Sin Liquidar Ahorros, seleccione, inicie y firme.

DESCUENTOS CONSECUTIVOS DE SEGURO, AHORRO Y PRÉSTAMO, SIN LIQUIDAR CUENTA (SOCIO ACOGIDO EN CONTINUIDAD)

Autorizo el siguiente Descuento de Ahorros: ☐ Solicito mantenerme vinculado a la AE como Socio Acogido en Continuidad.
☐ 3% ☐ Mayor 3% Indique %

Iniciales Socio

Es necesario que verifique mensualmente en su talonario del cheque de la pensión que su Sistema de Retiro le efectúe los descuentos correspondientes según indicado. Si los descuentos no se reflejan en su cheque, deberá realizar los pagos directamente a esta Asociación y comunicarse con nuestros Departamentos de Seguros y Cobros. Recuerde que todo asegurado que deje al descubierto su seguro por más de seis (6) meses consecutivos perderá el derecho al mismo. Evite que esto ocurra pagando a tiempo una vez aprobada su solicitud para continuar acogido al Seguro por Muerte.

[Firma]
Firma del Acogido Pensionado

23 4940 2013
Fecha



La cuenta del socio que se indica a continuación refleja el siguiente balance tentativo sujeto a revisión final:

Nombre del socio: DIAZ MATOS JORGE

Agencia : POLICIA DE PUERTO RICO

Seguro Social :

Balance deuda a : MAYO de 2013

Balance deuda aplicando Ahorros y Dividendos: S A L D O

Para que así conste, firmo la presente, hoy 16 de Mayo de 2013, en San Juan, Puerto Rico.

LUZ CRESPO
Oficial de Servicios II
Sucursal de Caguas
Teléfono: (787) 641-4075.

2013 JUN 18 AM 10:30
DIVISION DE NOMINAS

La sección 14 de la Ley Núm. 133 de 28 de junio de 1966, según enmendada, establece que: "Todo crédito, depósito o sobrante por cualquier concepto en el Gobierno Estatal, o una dependencia o instrumentalidad de éste, a favor de un asociado que habiendo cesado en su puesto estuviere en deuda con la Asociación, que no esté gravado en el sistema de retiro correspondiente será retenido por el Secretario de Hacienda de Puerto Rico o el funcionario competente y transferido a los fondos de la Asociación para solventar parcial o totalmente la deuda pendiente con la misma".

107
23 mayo 13



SOLICITUD DE LIQUIDACIÓN DE AHORROS Y DIVIDENDOS

ORIGINAL - ASOCIACIÓN
COPIA - ASOCIADO**PARTE I A SER LLENADA POR EL SOCIO**

1. Nombre y Apellidos <u>Jorge L. Diaz Matos</u>		Núm. Empleado	Núm. Seg. Social
2. Dirección Residencial <u>Carr-941 Km 5-0 Bo. Saguas Gurabo P.R. 00778</u>		Teléfono <u>(787) 408-0523</u>	
3. Dirección Postal <u>HC 03 Box 9681 Gurabo P.R. 00778</u>		Código Postal	
4. Indique la agencia anterior donde trabajó		Fechas	Zona o Pueblo
Agencia <u>Dep. Del Trabajo y Rec. Hum.</u>	Puesto - Ofic. Neg. o División <u>Oficinista</u>	Comenzó Trabajar <u>01-04-1982</u>	Terminó <u>11/30/1983</u>
5. Fecha de Efectividad de la Renuncia Indique Fecha (s) de Licencia (s) sin Sueldo		Fecha de Nacimiento Mes, Día, Año <u>10/05/1959</u>	
		6. Tiene AE Mastercard <input type="checkbox"/> Sí <input checked="" type="checkbox"/> No <input type="checkbox"/> Número de cuenta:	
		7. Nombre y dirección del pariente más cercano que no viva con usted <u>Miranda Diaz Ocasio Bo. Saguas Gurabo PR</u>	

SOLICITO la liquidación de mis ahorros y dividendos acumulados en la Asociación hasta la fecha de mi separación del servicio público.
CERTIFICO que la información aquí ofrecida es correcta:

Jorge L. Diaz Matos
Firma del Solicitante

Fecha

Firma del Testigo

NOTA: Debe acompañarla con las siguientes certificaciones de deuda:

- * Administración para el Sustento de Menores (ASUME) (90 días)
- * Administración de los Sistemas de Retiro de Empleados del Gobierno y la Judicatura - Certificación del Préstamo Personal y de Viaje Cultural. (no aplica a socios que se acojan a los beneficios de jubilación)

* Para uso exclusivo de casos en que los socios no sepan firmar

Correo Electrónico (E-Mail)

PARTE II PARA SER LLENADA POR EL RECLAMANTE DE UN SOCIO FALLECIDO SI ES CÓNYUGE VIUDO (A)

Si es cónyuge viudo, favor de indicar la forma en que se constituyó el matrimonio con el socio fallecido:

- ☐ Bajo el régimen de Sociedad Legal de Gananciales. ☐ Bajo Capitulaciones Matrimoniales

PARTE III A SER LLENADA POR LA AGENCIA

Nombre del Asociado <u>Jorge L. Diaz Matos</u>		Seguro Social
Agencia <u>Policia De Puerto Rico</u>		Hasta <u>4/25/2000</u>
Fecha (s) de Licencias sin Sueldo	1. <u>12/23/1998</u>	Hasta
Desde: (sea Específico)	2.	Hasta
	3.	Hasta
Fecha de Efectividad de la Renuncia	<u>6-20-2013</u>	Razón de Cese <u>Pension</u>
Sistema de Retiro al cual pertenece		

SI VA A COMENZAR A TRABAJAR EN OTRA AGENCIA, FAVOR INDICAR:

- a) ¿Cuál? _____ b) Fecha _____

LOS SIGUIENTES DESCUENTOS DE SU SUELDO MENSUAL FUERON REALIZADOS PARA LA ASOCIACIÓN DURANTE LOS ÚLTIMOS TRES (3) MESES DE TRABAJO.

MES	AHORROS	SEGURO	PRÉSTAMO
<u>Abril 13</u>	<u>91.90</u>		<u>438.00</u>
<u>Mayo 13</u>	<u>91.90</u>		<u>438.00</u>
<u>Junio 13</u>	<u>45.95</u>		<u>219.00</u>

CANTIDAD ACREDITADA A LA DEUDA DE SUMA GLOBAL DE VACACIONES* \$

*NETO ENVIADO A LA ASOCIACIÓN PARA ACREDITAR A LA(S) DEUDA(S).

(Firme en forma legible)

Preparado por _____

787-793-1234
Teléfono Funcionario Autorizado (Indicar Ext.)

Nómina Núm. _____

Dir. de Recursos Humanos o su
Representante Autorizado
(Use letra de molde)

Fecha _____

14-8-13
Fecha de Certificación

Firma

CERTIFICACION SOBRE RELEVNO DE OBLIGACIONES CON LA AGENCIA

DIRECCION: Euracba P.R. UNIDAD DE TRABAJO: Distrito De San Lorenzo

FECHA SOMETO: _____

FECHA EFECTIVIDAD: Mayo 30 de 2013

UNIDAD DE TRABAJO

[illegible]**OBSERVACIONES:**

176-06-161 22

RECEIVED &
2021 AUG 13 PM 3:00
CLERK'S OFFICE
DISTRICT COURT

Jorge L. Diaz Matos
He 03 Box 9670
Gurabo P.R. 00728

7020 1810 0000 3024 5395



United States District Court
Clerk's Office 150
Pue. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767



U.S. POSTAGE PAID
FCM LETTER
GURABO, PR
90728

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Milagros Dcasia Pagan

Participant's Address:

HC 03 Box 9670 Gurabo P.R. 00778

Participant's Email Address:

Milagros Dcasia Pagan @ Outlook.Com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

135863

Nature of Claim:

Administrative Claim i7. Wage Claim

By:

Signature

Print Name

Title (if Participant is not an individual)

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: (United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767)

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Milagros Leasio Fagan
HE 03 Box 9670
Gurabo P.R. 00770

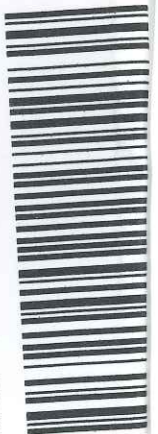
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CLERK'S OFFICE
U.S. DISTRICT COURT

United States District Court
Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

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00778
AUG 12, 21
AMOUNT

\$6.65

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Socorro Dones Torres
Participant's Address: Urb. Brisas del Mar 9 Calle Abraham
Arroyo, P.R. 00714
Participant's Email Address: DonesSoccky35@gmail.com
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: Ley de ajuste Salarial Aumento Sueldo Ley-32 Rumeroso
Leyes Aplicables-Ley 431, Ley-410 october 2000
Salario minimo Federal
Nature of Claim: NO. 17 BK 3283 LTS

By:

[Signature]
Signature

Socorro Dones Torres
Print Name

Title (if Participant is not an individual)

agosto 6, 2021
Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Socorro Dones Torres
Urb. Brisas del Mar
9 Calle Abraham
Arroyo, P.R. 00714

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Discovery Notice to the Court's
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150 Ave. Carlos Chardan Ste. 150
San Juan, P.R. 00918-1767

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FOR LETTER
ARROYO, PR
00714
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\$6.85
00918
7021 AUG 13 PM 2:52 R2304M114202-28



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Wanda Cupeles Marchany
Participant's Address: Villa Interamericana B-8 Calle 6 San German P.R. 00683
Participant's Email Address: mysticemerald55@gmail.com
Name of Counsel: — 0 —
Address of Counsel: — 0 —
Email Address of Counsel: — 0 —

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 66481
Nature of Claim: PROMESA TITULO III
By: Wanda Cupeles Marchany
Signature
Wanda Cupeles Marchany
Print Name
Participant's
Title (if Participant is not an individual)
August 12, 2021
Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Ms. Wanda Cupeles-Marchany
Urb. Villa Interamericana
B8 Calle 6
San German, PR 00683

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U.S. DISTRICT COURT
SAN JUAN, P.R.

United States District Court Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Luis Gerardo Souchet Velázquez
Participant's Address: HC-2 BOX 6298 Adjuntas, P.R. 00601
Participant's Email Address: luisbu18@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: _____

Nature of Claim: _____

By: _____

Signature

Luis Gerardo Souchet Velázquez

Print Name

Public employer

Title (if Participant is not an individual)

August 11, 2021

Date

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2021 AUG 13 PM 2:52
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

*L. H. Souchet Delapaz de
H. 2 Box 6298
Adjuntas P.R. 00601*

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*Discebay Notice To The courts clerk office at
United States District Court Clerk office
150 Alti. Carlos Charden Ste 150
San Juan P.R. 00918-1767*

00918-170625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Aimee J. Rivera Bocanegra
Participant's Address: Portal de Ceiba 23 C/Carlos Carlo Figueroa Ceiba PR 00735
Participant's Email Address: Aimeejudith.Rivera104@gmail.com
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 34577

Nature of Claim: Pension / Retiree

By: Aimee J. Rivera Bocanegra
Signature

Aimee J. Rivera Bocanegra
Print Name

Title (if Participant is not an individual)

9 de Agosto de 2021
Date

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1021 AUG 13 PM 2:52
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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Aimee' Rivera Bocanegra
Portal de Ceiba 33
El Carlos C. Figueroa
Ceiba PR 00135-3748

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

United States District Court, Clerk Office
150 Ave Carlos Charden Ste 150
San Juan PR 00918-1767

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7009 3410 0000 9413 8515



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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Axel L. Torres Serrano
Participant's Address: Urb. ext. La Margarita, Bl, Salinas, P.R. 00751
Participant's Email Address: axelluis2001@yahoo.com
Name of Counsel: —
Address of Counsel: —
Email Address of Counsel: —

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 173984
Nature of Claim: Salary claim, Court of first Instance
By: San Juan, P.R. - Civil Num. K PE 2007-4359
Signature: (Signature)
Print Name: Axel L. Torres Serrano
Title (if Participant is not an individual):
Date: Aug. 12 / 2021

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U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Axel L. Jones
urh. ext. La Margarita, BI
Salinas, P.R. 00751



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21 AUG 13 PM 4:24

CLERK'S
U.S. DISTRICT COURT

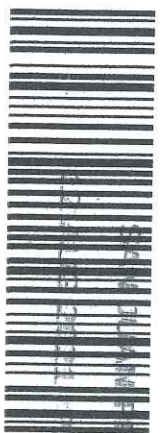


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SALINAS, PR
00751
AUG 12, 21
AMOUNT
\$6.45
R2305K135343-06

00918-170625

United State District Court
Clerk's office
150 Ave. Carlos Chardon
Ste. 150
San Juan, P.R. 00918-170625

CERTIFIED MAIL



7021 0350 0002 3124 1115



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ana Isabel Rivera Santana
Participant's Address: Box 892 Vega Alta, PR 00692
Participant's Email Address: _____
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 56783

Nature of Claim: See back paper

By: Ana Isabel Rivera Santana
Signature

Ana Isabel Rivera Santana
Print Name

Title (if Participant is not an individual)

August 11, 2021
Date

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2021 AUG 13 PM 2:53
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Nature of claim

Under the responsibility of Governor of The Commonwealth of Puerto Rico, Carlos Romero Barceló, during the years 1980 - 1984 an increase of salary known as "El Romerazo" (Law 89) granted the amount of \$ 100.00 monthly that was never pay. I retired in 1981.

Also during the years 1984 - 1997 under the Labor Scale Law # 164 was granted a 3% every three years to increase the pension of retirement. It was never pay either.

The other one is Labor Law # 9

Respectfully submitted
Ana Isabel Rivera Santana

Ara Isabel Rivera Santana
Box 892
Vega Alta, PR. 00692

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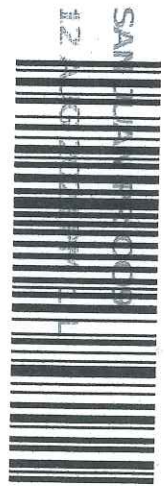
CLERK'S OFFICE
DISTRICT COURT

United States District
Court Clerk's Office
150 Ave. Carlos Chardon Ste 150,
San Juan, PR. 00918-1767

00918-170625



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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Monserate Moreno Miranda
Participant's Address: Ext. Mariani 2038 Calle Wilson Bona P.R. 00717
Participant's Email Address: N/A
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 155471
Nature of Claim: _____

By: [Signature]
Signature

Monserate Moreno Miranda
Print Name

Title (if Participant is not an individual)

11/8/2021
Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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Monserrate Moreno Miranda

Calle Wilson #2038

Ponce, P.R. 00717

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Office, 150 Ave. Carlos Chardón
Ste. 150 San Juan, P.R. 00918-1887

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Luis A. Diaz Torres
Participant's Address: HC-01-Box 1081-Arecibo, P.R. 00612
Participant's Email Address: N/A
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 109339
Nature of Claim: 17BK 03283-LTS Commonwealth of Puerto Rico

By: Luis A. Diaz Torres
Signature

Luis A. Diaz Torres
Print Name

Title (if Participant is not an individual)

Agosto 11- 2021.
Date

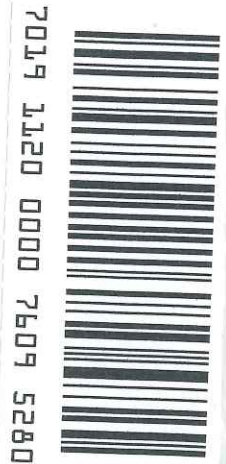
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SAN JUAN, P.R.

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Sr. Luis A. Diaz Torres
HC-01 - Box 1081
Arecibo, P.R. 00612

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DISTRICT COURT
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United States District Court
Clerk's Office, 150 Ave.
Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767.

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\$7.00
AUG 16 2021
R2307M152866-12

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Darisabel Rodriguez Negrón
Participant's Address: 6319 Bridgecrest Dr. Lithia, FL 33547
Participant's Email Address: nieveshector@hotmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 68254
Nature of Claim: Public Employee Claims
By: Darisabel Rodriguez Negrón
Signature
Darisabel Rodriguez Negrón
Print Name
Title III
Title (if Participant is not an individual)
8/5/21
Date

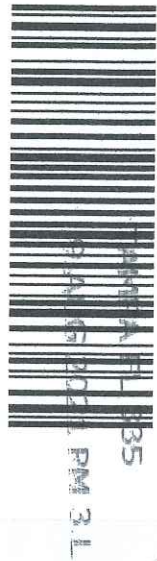
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Dorisabel Rodriguez Negrón
6319 Bridgecrest Dr.
Lithia, FL 33547

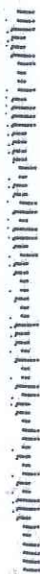
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SAN JUAN, P.R.

7021 0350 0002 2709 4275



United States District Court
Clerk's Office
150 Ave. Carlos Chardon Ste 150
San Juan, PR 00918-1767

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33547
FL
\$7.00
R23044108576-28

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Edgar do Colón Sanchez

Participant's Address:

Urb. Jardines del Caribe, Street 41-RR #11,
Ponce, P.R. 00728

Participant's Email Address:

Mared-distributors@hotmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

173631

Nature of Claim:

Public Employee (unearned salary)

By:

Signature

Edgar do Colón Sanchez

Print Name

Title (if Participant is not an individual)

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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U.S. DISTRICT COURT
SAN JUAN, PR

From: Edgardo Colon
urb. Jardines del Caribe
calle 41-RR # 11
Ponce, P.R. 00728

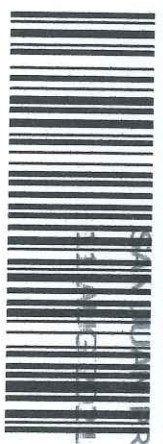
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U.S. DISTRICT COURT
SAN JUAN, P.R.

To: United State District Court, Clerk Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

00918-170625



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R2306K133237-06

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ada N. Carlo Acosta
Participant's Address: Puerto Real 858 Calle Guamaní Cabo Rojo, P.R. 00623
Participant's Email Address: ada2014pr@gmail.com
Name of Counsel: n/n
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 72923
Nature of Claim: Salary Claim (Court of first instance San Juan P.R.)
By: Ada N. Carlo Acosta Civil num. KPE 2007-4359 (803)

Signature

Ada N. Carlo Acosta
Print Name

Title (if Participant is not an individual)

11 de agosto de 2021
Date

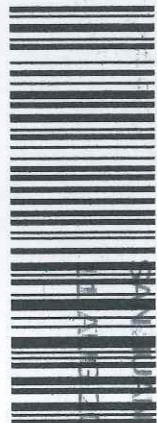
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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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Ada N. Carlo Acosta
Puerto Real 858
Calle Guanani
Cabo Rojo, P.R. 00623

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

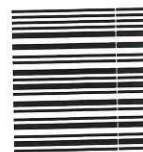
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United State District Court
Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Luz M. Pérez Concepción

Participant's Address:

Box 902-0130, San Juan, Puerto Rico, 00902-0130

Participant's Email Address:

margie1300@yahoo.com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Law 88-1993, Law 96-2002, Law 164-2003, Law 164-2004, Law 109-2008

Nature of Claim:

Unpaid salary increase and steps not taken

By:

Luz M. Pérez Concepción
Signature

Luz M. Pérez Concepción
Print Name

Title (if Participant is not an individual)

August 11, 2021
Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

From: Eug M. Porey, Concepcion

Box 902-0130, San Juan,
Puerto Rico, 00902-0130

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL

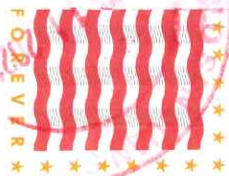


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00918

U.S. POSTAGE PAID
FCM LETTER
SAN JUAN, PR
00901
AUG 11-21
AMOUNT
\$6.45
R2304E104743-03



**RETURN RECEIPT
REQUESTED**



7020 1290 0002 0817 4245

U.S. District Court
District of Columbia
Clerk's Office
150 Ave. Carlos Chardon
Ste. 150, San Juan, P.R. 00918-1767
AUG 13 PM 2:54

RECEIVED & FILED

0091881700 CO18



**RETURN RECEIPT
REQUESTED**

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Joel M. Vélez Valentín
Participant's Address: 25 Paseo Adrián Acevedo Las Marías P.R. 00670
Participant's Email Address: jm.velez@hotmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: _____

Nature of Claim: Retiro 2000, Retiro Hibrido y Retiro P

By: [Signature]
Signature

Joel M. Vélez Valentín
Print Name

Title (if Participant is not an individual)

11 de agosto de 2021
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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AUG 13 PM 2:54
CLERK'S OFFICE
DISTRICT COURT
SAN JUAN, P.R.

Joel M. Velez Valentin
25 PASO ADELAN ADEUDO
LAS MARIAS PR 00670

RECEIVED & FILED
2021 AUG 13 PM 2:54
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

US District Court Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan PR. 00918

00918-170625



SAN JUAN
31 AUG 2021

U.S. POSTAGE PAID
FCM LETTER
LAS MARIAS, PR
00670
AUG 11, 21
\$6.45
R2305K132906-8



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Delvis Ortiz-Felix
Participant's Address: 223 Calle Segunda, Coqui, Aguirre PR
Participant's Email Address: 00704
Name of Counsel: ?
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 16 414
Nature of Claim: COFINA Bond

By: Delvis Ortiz Felix
Signature
Delvis Ortiz Felix
Print Name

Title (if Participant is not an individual)
August 8, 2021
Date

RECEIVED & FILED
2021 AUG 13 PM 2:54
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Delvis Ortiz Felix
223 Calle Sagunda, Bo. Caguas
Aguirre PR 00704

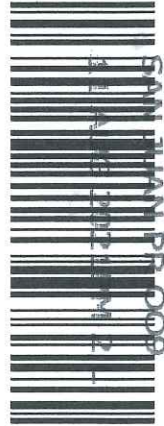
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2021 AUG 13 PM 2:54
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

United States District Court
Clerk's Office
150 Ave. Chardon Ste 150
San Juan, PR 00918-1767

00918-170625



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7018 3090 0001 7299 7537



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00918

U.S. POSTAGE PAID
FCM LETTER
AGUIRRE, PR
00704
AUG 11, 21
AMOUNT
\$4.15
R2305E1232298-24

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Delvis Ortiz Felix
Participant's Address: 223 calle Segunda, Bo. Coqui, Aguine PR 00704
Participant's Email Address: -
Name of Counsel: ?
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 107400 / 128147 / 134347 / 152282 / 145947
Nature of Claim: I was employee in the Department of Education of PR from 1975 - 2004

By: Delvis Ortiz Felix
Signature

Delvis Ortiz Félix
Print Name

Title (if Participant is not an individual)

August 8, 2021
Date

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

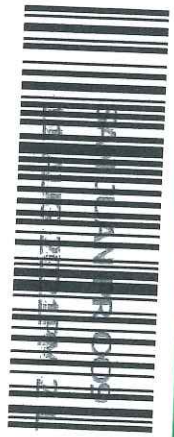
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RECEIVED & FILED

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Delvis Ortiz Felix
223 Calle Segunda, Bo. Coqui
Aguirre PR 00704

7018 3090 0001 7299 6707



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2021 AUG 13 PM 2:54
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

United States District Court
Clark's Office
150 Ave. Chardon Ste 150
San Juan, PR 00918-1767

00918-170625



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00704
AUG 11, 21
AMOUNT
\$4.15
R2305E123298-24

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Lilliam E. Santana Rodriguez
Participant's Address: Hc 46 Box 6142, Dorado, P.R. 00646-9632
Participant's Email Address: liessa1221@yahoo.com
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 44770
Nature of Claim: Public Employee and Pension/Retiree Claims
By: Lilliam E. Santana Rodriguez
Signature
Lilliam E. Santana Rodriguez
Print Name
N/A
Title (if Participant is not an individual)
August 10, 2021
Date

RECEIVED & FILED
AUG 13 PM 2:54
CLERK'S OFFICE
DISTRICT COURT
SAN JUAN, PR

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

William E. Santana Rodriguez
Hc 46, Box 6142, Dorado, P.R. 00646

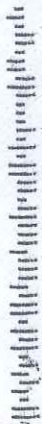
RECEIVED & FILED

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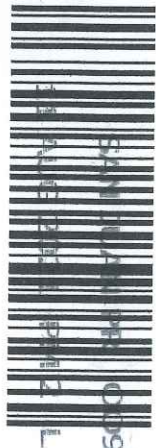
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

United States District Court
Clerk's Office
150 Ave. Carbs Chardon Ste. 150
San Juan, P.R. 00918-1767

00918-170625



7020 1810 0001 2777 2544



00918

U.S. POSTAGE PAID
FCM LETTER
TOA BAJA, PR
00949
AUG 11, 21
AMOUNT

\$6.45

R2304E107044-13

1234567



Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Magda L. Santana Rodriguez
Participant's Address: Hc 46 Box 6144 Dorado P.R. 00646-9632
Participant's Email Address: Malusa1351@yahoo.com
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 97249
Nature of Claim: Public Employee and Pension / Retiree Claims
By: Magda L. Santana Rodriguez
Signature
Magda L. Santana Rodriguez
Print Name
N/A
Title (if Participant is not an individual)
August 10, 2021
Date

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2021 AUG 13 PM 2:54
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

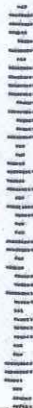
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Magda L. Santana Rodriguez
He 46 Box 6144 Dorado PR 00646

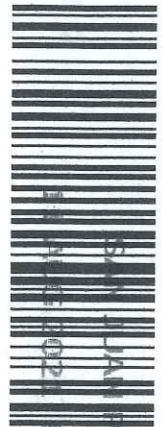
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United States District Court
Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan P.R. 00918-1767

00918-170625



7020 1810 0001 2777 2636



SAN JUAN PR 009
AUG 16 2021 PM 2 L



00918

U.S. POSTAGE PAID
FCM LETTER
TOA BAJA, PR
00949
AUG 11, 21
AMOUNT
\$6.45
R2304E107044-13



Participant must provide all of the information below in English:

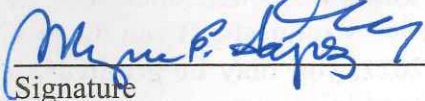
1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Myrna E. Lopez Alfons o
Participant's Address: Bda. Salazar Calle Sabio #1639 Ponce, P.R. 00717
Participant's Email Address: myrna-21@live.com
Name of Counsel: No
Address of Counsel: No
Email Address of Counsel: No

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: No. 17BK 3283-LTS

Nature of Claim: Incentive OF. Law 89

By: 
Signature

Myrna E Lopez Alfons o
Print Name

170
Title (if Participant is not an individual)

August 12/2021
Date

RECEIVED & FILED
2021 AUG 13 PM 2:54
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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2021 AUG 13 PM 2:00

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Myrne E. Lopez Alfonsu

Pda. San Juan Cg/ra 59610 # 1639

P. R. 00717-1825

SAN JUAN PR 009

11 AUG 2021 PM 2 L



United States District Court
Clerk's Office 150
Ave Carlos Chardon Ste 150
San Juan, P.R. 00918-1767

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Nilda Colón Rivera

Participant's Address:

HCO1 Box 4073 Juana Díaz P.R. 00745-9102

Participant's Email Address:

nildacolons4@gmail.com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

#56854 et. al.

Nature of Claim:

Unpaid wages by the government of P.R.

By:

Nilda Colón Rivera

Signature

Nilda Colón Rivera

Print Name

Title (if Participant is not an individual)

August 11, 2021

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Nilda Colón Rivera
Aca Box 4073
Juana Diaz, P.R. 00795-9702

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2021 AUG 13 PM 2:55

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

00918-170625

United States District Court
Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

SAN JUAN PR 009
11 AUG 2021 PM 2 L



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Lynette Gonzalez
Participant's Address: 20 Lenox Avenue #70 NYC, NY 10026
Participant's Email Address: Bellacarter23@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK-3283-LTS
Nature of Claim: intention to participate in discovery

By: Lynette Gonzalez
Signature

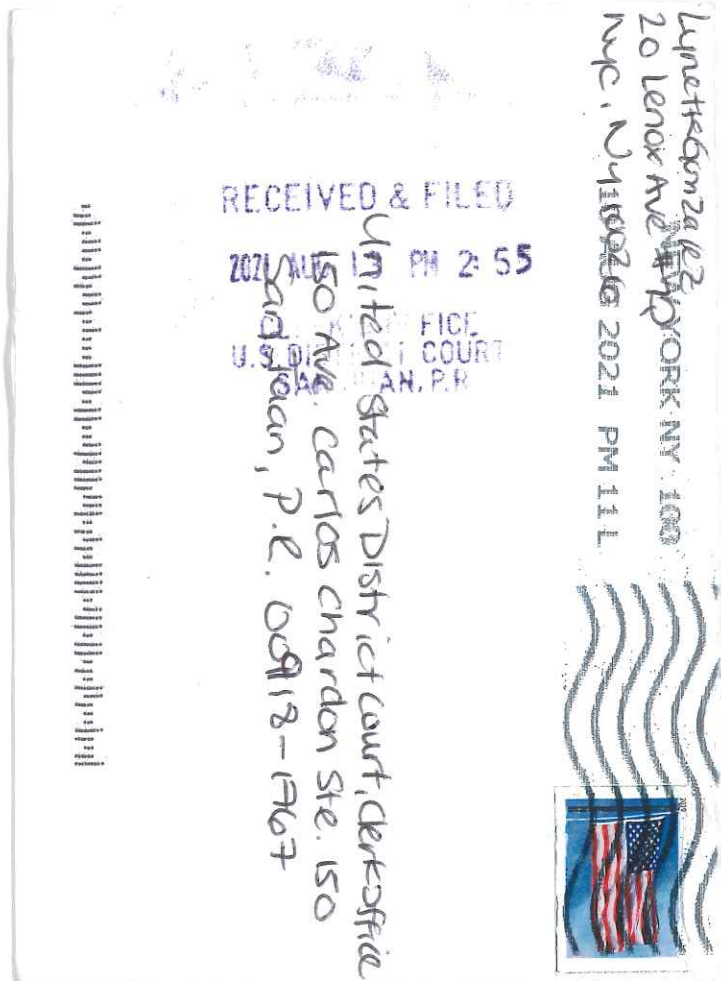
Lynette Gonzalez
Print Name

Title (if Participant is not an individual)

08/09/2021
Date

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2021 AUG 13 PM 2:55
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Heich H. Mercado Vega

Participant's Address:

HC-04 Box 4066 Yillclba, PR 00766

Participant's Email Address:

hmercado820704@yahoo.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

55295

Nature of Claim:

Pension / Retiree Claims

By:

Signature

Print Name

Title (if Participant is not an individual)

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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2021 AUG 13 PM 2:55
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

Heich Mercado Vega
HC-04 Box 4060
Villalba, PR 00766

SAN JUAN PR 009

11 AUG 2021 PM 2 L



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2021 AUG 13 PM 2:55

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

United States District Court Clerk's Office
150 Ave. Carlos Chardon Ste 150
San Juan, PR. 00918-1767

00918-170625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Jose M. Melendez Ortiz
Participant's Address: Box 33 x Naguabo P.R. 00718
Participant's Email Address: Jose-melendezortiz@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 147572 y 154332
Nature of Claim: Salarios impagos

By: [Signature]
Signature

Jose M. Melendez Ortiz
Print Name

Title (if Participant is not an individual)

12 Agosto 2021
Date

RECEIVED & FILED
2021 AUG 13 PM 2:55
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

José M. Meléndez Ortiz
Box 334
Mayaguez P.R. 00718

SAN JUAN PR 009
12 AUG 2021 PM 1 L



United States District Court,
Clerk's Office,
150 Ave. Carlos Chardon Ste. 150,
San Juan P.R. 00918-1767

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2021 AUG 13 PM 2:55
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

00918-170625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Print Name

Title (if Participant is not an individual)

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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2021 AUG 13 PM 2:55

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

*I de Diaz Oscar
Calle Amador, 726
La Ponderosa
Rd Grand, P.R. 00745*

00918-170625



*United States District Court, Clerk's
Office,
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767*

SAN JUAN PR 009
12 AUG 2021 PM 1 L



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Victor M. Ramos Rivers

Participant's Address:

Calle Guan 882 4ta Ext. Country Club. Río Piedras, P.R. 00924

Participant's Email Address:

carmenzoraida.23@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

150208 y 154036

Nature of Claim:

Saleros impagos

By:

Signature

Victor M. Ramos Rivers

Print Name

Title (if Participant is not an individual)

Date

8/11/2021

RECEIVED & FILED
2021 AUG 13 PM 2:55
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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2021 AUG 13 PM 2:55

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Victr M. Ramos Rivera
Calle Guan 882
4th Est. Country Club
Piedras, P.R. 00924

SAN JUAN PR 009

12 AUG 2021 PM 1 L



United States District Court Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Dmayra Vera Vargas

Participant's Address:

Jardines de Country Club 16A AA #12-A
Carolina, P.R. 00985

Participant's Email Address:

omy-vera@yahoo.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

65840

Nature of Claim:

Pension / Retiree Claims

By:

Signature

Dmayra Vera Vargas

Print Name

Title (if Participant is not an individual)

Date

11-Aug-2021
August 11, 2021

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

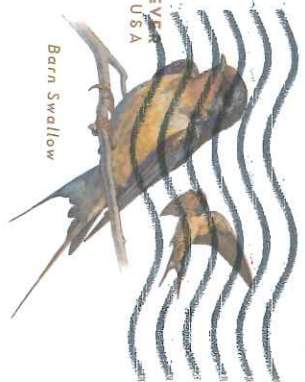
RECEIVED & FILED
2021 AUG 13 PM 2:55
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Dinaura Vera Vargues
Jardines de Country club
16A AA #12-A
Carolina, P.R. 00985

SAN JUAN PR 009

12 AUG 2021 PM 1

FOREVER
USA



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2021 AUG 13 PM 2:55
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

United States District Court
Clerk's Office
150 Ave. Canos Chardon Ste.
San Juan, P.R. 00918-1767 150

00918-170625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Carmen L. Diaz Caraballo

Participant's Address:

5415 Calle 8 Urb. Monte Brisas 5
Fajardo P.R.

Participant's Email Address:

Name of Counsel:

n/a

Address of Counsel:

n/a

Email Address of Counsel:

n/a

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

146109

Nature of Claim:

Empleados Publicos / pension jubilado

By:

Carmen L. Diaz Caraballo

Signature

Carmen L. Diaz Caraballo

Print Name

Title (if Participant is not an individual)

8/10/2021

Date

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2021 AUG 13 PM 2:55
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Carment J. Ruiz Gutierrez
5415 Calle 8 Sur. Monte Prinos
San Juan P.R. 00738

SAN JUAN PR 009
12 AUG 2021 PM 1 L



Clerk's Office at
United States District Court
Clerk's Office 150
Calle Pedro Alvarado Ste. 150
San Juan P.R. 00918-1767

00918-17625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Rafael Garcia Garcia

Participant's Address:

5415 Calle 8 Urb. Monte Brisas
Fajardo P.R. 00738

Participant's Email Address:

Name of Counsel:

N/a

Address of Counsel:

N/a

Email Address of Counsel:

N/a

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

162278

Nature of Claim:

Empleados publicos - pension-jubilados

By:

Signature

Rafael Garcia Garcia

Print Name

Title (if Participant is not an individual)

8/10/2021

Date

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CLERK'S OFFICE
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SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Rafael Garcia Garcia
5415 Calle 8 The North Broom
Yagualo, P.R. 00738

SAN JUAN PR 009
12 AUG 2021 PM 1 L



Clerk's Office At.
United States District Court
Clerk's Office 150
Cape Canaveral Ave. 150
San Juan P.R. 00918-1767

00918-170625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Edith Torres Rodriguez

Participant's Address:

60 Caston Ave apt 3H Hightstown NJ 08520

Participant's Email Address:

douglas11218@aol.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

No 17 BK 3283

Nature of Claim:

Pension - I don't know if they defend

By:

Signature

Edith Torres Rodriguez

Print Name

CORBK = Cocinera

Title (if Participant is not an individual)

8-10-21

Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Edith Torres Rodriguez
60 Easton Ave apt 34
Brooklyn n.y. 11205

NEW YORK NY 100

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unites states District Court
Clerk's office
150 Ave Carlos Chardon St
San Juan, P.R. 00918-1767

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00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Ada I. Santiago Martinez

Participant's Address:

HC 6 Box 4005 Ponce P.R. 00731-9600

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

55750

Nature of Claim:

See Attachment

By:

Ada I. Santiago Martinez

Signature

Ada I. Santiago Martinez

Print Name

Title (if Participant is not an individual)

August 10, 2021

Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

ATTACHMENT 1

Nature Claims

I'm claiming that I didn't receive the salary increase during my time working for the Department of Education in Puerto Rico and my pension was affected too.

I'm claiming hours worked and accrued during my 34 years worked in the Department of Education in Puerto Rico.

These hours worked and accumulated were not paid to this servant after I retired which affects my pension.

From: *Mr. J. Anthony Martinez*
HC 6 Box 4005
P.R. 00731-9600

SAN JUAN PR 009
11 AUG 2021 PM 2 L



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2021 AUG 13 PM 2:18

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

To: *United States District Court*
Clerk Office, 150 Calle
Carlos Chardon, Ste 150 San Juan
P.R. 00918-1767

00918-170625

00918-170625

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Yolanda Muskus Miranda

Participant's Address:

Plaza del Parque 100 Calle 141 final apt 1106 Carolina PR 00983-2090

Participant's Email Address:

yolanda.muskus@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

136721

Nature of Claim:

The rise of wage according to Law No. 12 of August 27, 1982 better known as "el Romerazo" and never was paid.

By:

Signature

Yolanda Muskus Miranda

Print Name

Title (if Participant is not an individual)

Date

8-11-2021


Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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2021 AUG 13 PM 2:56

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.


Yolanda Muskus
Cond Plaza Del Parqu
100 Calle 141 Final Apt 1106
Carolina PR 00983

*United States District Court
Clerk's Office, 150 Ave Carlos Chardín
Ste 150 Hq P.R. 00918-1767*



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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Cruz Crespo Martinez

Participant's Address:

P.O. Box 299 Rincon, Puerto Rico 00677

Participant's Email Address:

cruz_crespo_martinez@hotmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

115024

Nature of Claim:

Public Employee Claims

By:

Signature

Cruz Crespo Martinez

Print Name

Cruz Crespo Martinez

Title (if Participant is not an individual)

August 11, 2021

Date

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2021 AUG 13 PM 2:56
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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150 Ave Carlos Chardon
Ste 150
San Juan, Puerto Rico
00918-0767*

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Cruz Crespo Martinez

Participant's Address:

P.O. Box 299 Rincon Puerto Rico 00677

Participant's Email Address:

cruz_crespo_martinez@hotmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

115024

Nature of Claim:

Public Employee Claims

By:

Cruz Crespo Martinez

Signature

Cruz Crespo Martinez

Print Name

Title (if Participant is not an individual)

August 11, 2021

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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TO:

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150 Ave Carlos Chardon
Ste 150
San Juan, Puerto Rico
00918-0767*

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Zoraida Aguayo Diaz
Participant's Address: 495 Ext. Sur Dorado, P.R. 00646
Participant's Email Address: roberty.gonz@gmail.com
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

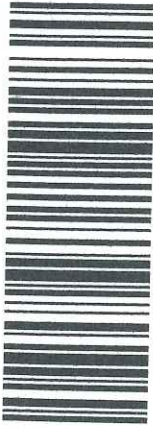
Claim Number: 173500
Nature of Claim: Department of Education - Public Employee
By: [Signature]
Signature
Zoraida Aguayo Diaz
Print Name
N/A
Title (if Participant is not an individual)
August 11, 2021
Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

*Priscilla Aguayo Diaz
495 Ext. 200
Florida, P.R. 00646*

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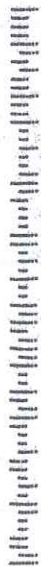


7020 3160 0001 3860 0955

*United States District Court
Clark's Office
150 Cecil St.
San Juan, P.R. 00918-1767*

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U.S. DISTRICT COURT
SAN JUAN, P.R.

00918-170625



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00646
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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Luis O. Gonzalez Santiago

Participant's Address:

18 calle Berger Apt. 3151, Balcones de Carolina
Carolina P.R. 00987

Participant's Email Address:

Orlandluis@hotmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

KPE 2007-4359 (803)

Nature of Claim:

SALARY CLAIM (173807) \$66,420.00

By:

Signature

Luis O. Gonzalez Santiago

Print Name

Title (if Participant is not an individual)

11 Agosto 2021

Date

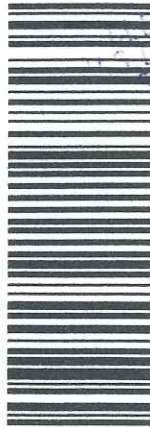
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U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Luis O. Gonzalez Santiago
18 Calle Berger Apt. 315N
Balcones de ~~Maro~~ lina
Carolina, P.R. 00987

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Clerk's Office
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San Juan, P.R. 00918-1767



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00918



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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Mayra E. Díaz Díez

Participant's Address: Urb. Caguas D-10 c/Carrey Caguas P.R 00725

Participant's Email Address: mayraivormedroz@hotmail.com

Name of Counsel: _____

Address of Counsel: _____

Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: _____

Nature of Claim: _____

By: Maya J. Sj Sj
Signature

Mayra I. Diler Diler
Print Name

Title (if Participant is not an individual)

August 10-2021
Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Mayre Diaz Diaz
urb. Caguas Clancy
D-10
Caguas PR 00725

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U.S. DISTRICT COURT
SAN JUAN, PR

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San Juan PR 00918-1767

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00918

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Jose Luis Ramos Gomer
Participant's Address: Urb. Villa Borinquen Calle Yagüer 29
Caguas P.R. 00725
Participant's Email Address: jr.jose
Name of Counsel: no
Address of Counsel: no
Email Address of Counsel: no

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 32102
Nature of Claim: Retirement

By:

[Signature]
Signature

Jose Luis Ramos Gomer
Print Name

no
Title (if Participant is not an individual)

October 9, 2021
Date

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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José L. Ramos Gómer
VIA Villa Borghese
C. Jacier K9
Caguas, P.R. 00725



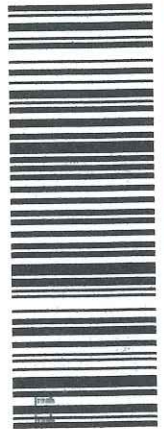
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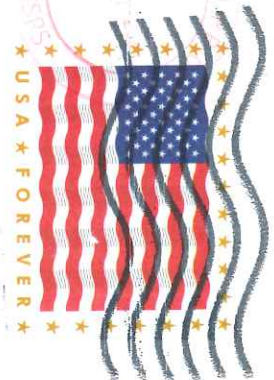
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10 AUG 2021 PM 2 L



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Office, 150 Ave. Carlos Chardón 150
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U.S. DISTRICT COURT

00918-170625



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Juan E. Padua Vélez

Participant's Address:

HC-1 Box 3079-Adjuntas, P.R. 00601

Participant's Email Address:

magalmaldon@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

172855-1

Nature of Claim:

Promesa III

By:

Juan E. Padua Vélez
Signature

Juan E. Padua Vélez
Print Name

Public Employer
Title (if Participant is not an individual)

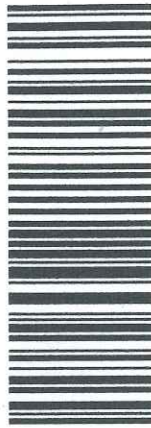
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U.S. DISTRICT COURT
SAN JUAN, P.R.

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Juan E. Padua Vélez
HC-01 Box 3079
Aguanta, P.R. 00601

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San Juan, P.R. 00918-1767

00918-170625



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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: NORMA DEL C SOTO SERRANO
Participant's Address: HC 5 Box 52696, SAN Sebastian, PR 00685
Participant's Email Address: normasoto75@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

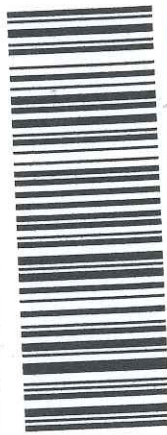
2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: H 49105
Nature of Claim: Debt Claimed Department of Education
By: Norma del C. Soto Serrano
Signature
NORMA DEL C SOTO
Print Name
Self Applicant
Title (if Participant is not an individual)
8/11/2021
Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

NORMA DEL C SOTO SERRANO
HC 5 BOX 52696
SAN SEBASTIAN, PR 00685



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL

7020 1810 0001 4315 3822

00918-170625

NOTICE TO THE COURT'S CLERK'S OFFICE AT:
UNITED STATE DISTRICT COURT, CLERK'S
OFFICE
150 AVE. CARLOS CHARDON STE. 150,
SAN JUAN, PR 00918-1767



SAN JUAN PR 009

11 AUG 2021 PM 2



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UNITED STATE DISTRICT COURT
SAN JUAN, PR

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: NORMA DEL C SOTO SERRANO
Participant's Address: Hc 5 Box 52696, San Sebastian PR 00685
Participant's Email Address: normasotots@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: # 137945
Nature of Claim: Debt claimant Department of Education
By: Norma del C. Soto Serrano
Signature
Norma Del C Soto
Print Name
Self Applicants
Title (if Participant is not an individual)
8/11/21
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

NORMA DEL C SOTO SERRANO
HC 5 BOX 52696
SAN SEBASTIAN, PR 00685



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NOTICE TO THE COURT'S CLERK'S OFFICE AT:
UNITED STATE DISTRICT COURT, CLERK'S
OFFICE
150 AVE. CARLOS CHARDON STE. 150,
SAN JUAN, PR 00918-1767

00918-170625



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CLERK'S OFFICE
DISTRICT COURT
SAN JUAN, P.R.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Norma Del C Soto Serrano

Participant's Address:

Hc5 Box 52696, San Sebastian, PR 00685

Participant's Email Address:

normasotots@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

72797

Nature of Claim:

Debts Claimed Departments of Education

By:

Norma del C. Soto Serrano

Signature

Norma Del C Soto

Print Name

Self Applicant

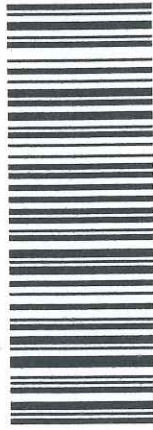
Title (if Participant is not an individual)

8/1/21

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

NORMA DEL C SOTO SERRANO
HC 5 BOX 52696
SAN SEBASTIAN, PR 00685



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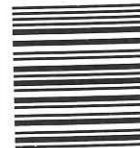
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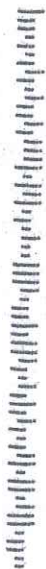


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NOTICE TO THE COURT'S CLERK'S OFFICE AT:
UNITED STATE DISTRICT COURT, CLERK'S
OFFICE
150 AVE. CARLOS CHARDON STE. 150,
SAN JUAN, PR 00918-1767

00918-170625



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CLERK'S OFFICE
UNITED STATE DISTRICT COURT
SAN JUAN, P.R.

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Norma Del C Soto Serrano
Participant's Address: Hc 5 Box 52694, San Sebastian PR 00685
Participant's Email Address: normasotots@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

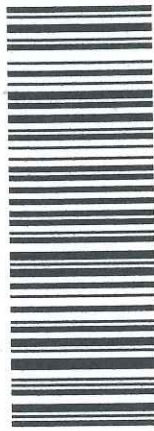
2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: # 66726
Nature of Claim: Debts Claimed Department of Education
By: Norma del C. Soto Serrano
Signature
NORMA DEL C SOTO
Print Name
Self Participant
Title (if Participant is not an individual)
8/11/21
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

NORMA DEL C SOTO SERRANO
HC 5 BOX 52696
SAN SEBASTIAN, PR 00685

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NOTICE TO THE COURT'S CLERK'S OFFICE AT:
UNITED STATE DISTRICT COURT, CLERK'S
OFFICE
150 AVE. CARLOS CHARDON STE. 150,
SAN JUAN, PR 00918-1767

00918-170625



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CLERK'S OFFICE
UNITED STATE DISTRICT COURT
SAN JUAN, PR

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Sonia Fuster Gonzalez

Participant's Address:

Urb. San Ignacio, 1809 San Alejandro, ST PR 00927

Participant's Email Address:

Soniafuster@hotmail.com.

Name of Counsel:

-

Address of Counsel:

-

Email Address of Counsel:

-

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

-

Nature of Claim:

Salary Claim

By:

Signature

Sonia Fuster

Print Name

Title (if Participant is not an individual)

Date

8-12-2021

Civil Num KPE
2007-4359

(803)

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U.S. DISTRICT COURT
SAN JUAN, P.R.

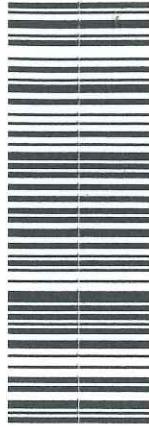
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Salary Claim
Court of First
Instance San
Juan PR
Civil Num. k
PE 2007-4359
(803)

Puerto Rico Public
Buildings Authority
(PBA)
Bankruptcy Case No -
19BK 5523-LTS)

Doni Fitch Doris
Lulu. Don Aguiar
1809 Don Aguiar
San Juan, PR 00927

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United States District Court
District of San Juan, PR
150 One. Carlos Chardón St, 150
San Juan, PR. 00918-1967

00918-170625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Carlos M. Reymundi Concepción
Participant's Address: Cond. El Atlántico Apt. 701, Levittown P.R. 00949
Participant's Email Address: cmraimundi@hotmail.com
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 51663
Nature of Claim: Public Employee and Pension/Retiree Claims
By: [Signature]

Signature

Carlos M. Reymundi Concepción
Print Name

N/A

Title (if Participant is not an individual)

August 10, 2021
Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Carlos M. Reynaud, Concepción
Cond. El Atlántico Apto. 701,
Levittown, P.R. 00949

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

United States District Court
Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

00918-170625



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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Daniel Martínez Rosario
Participant's Address: HC 30 Box 33303 S.L. P.R. 00754
Participant's Email Address: dmr.93078@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17514
Nature of Claim: Retirement System Benefits
By: [Signature]
Signature
Daniel Martínez Rosario
Print Name
10 Agosto 2021
Title (if Participant is not an individual)
10 Agosto 2021
Date

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2021 AUG 13 PM 2:58
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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X Daniel Martinez Rosario
HC 30 Box 33303 San Juan
P.R. 00754

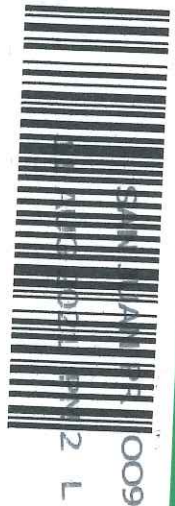


00918



→ United States District Court,
Clerk's Office, 150 Ave.
Carlos Chardon Ste. 150, San Juan
PR 00918-1767

7020 1290 0001 0177 6812



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Priscilla Feliciano Natal
Participant's Address: P.O. Box 1528 Dorado, P.R. 00646
Participant's Email Address: _____
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 54197
Nature of Claim: _____

By: Priscilla Feliciano Natal
Signature
Priscilla Feliciano Natal
Print Name

Title (if Participant is not an individual)

August 11, 2021
Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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1. The governor of P.R. Carlos Romero Barcelo granted an increase in salary known as the law 89 of \$100 from 1984 - 1995. That was never honored.
2. Since 1997 I have not received the yearly 3% increase on my pension.

Priscilla Feliciano Natal
P.O. Box 1528
Dorado PR 00646

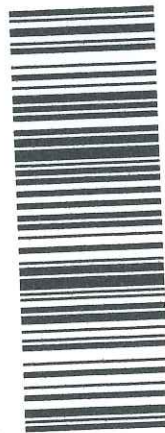
U.S. POSTAGE PAID
FOR LETTER
DORADO, PR
00646
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United States District Court Clerk's
Office, 150 Ave. Carlos Chardon Ste.
150, San Juan, P.R. 00918-1767

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CLERK'S OFFICE
DISTRICT COURT
SAN JUAN, P.R.

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Alberto León Colón

Participant's Address:

P.O. Box 608 Villalba, P.R. 00766

Participant's Email Address:

mima 5669 @ gmail . com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

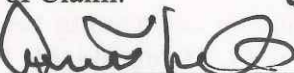
Claim Number:

#88972 et. al.

Nature of Claim:

Unpaid wages by the government of P.R.

By:



Signature

Alberto León Colón

Print Name

Title (if Participant is not an individual)

August 10, 2021

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Alberto Leon Colon
P.O. Box 608
Villalba, P.R. 00766

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

United States District Court
Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

SAN JUAN PR 009

11 AUG 2021 PM 2 L



00918-170625



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Luz E. Echevarria Segui

Participant's Address:

D14 Cille Parkside 6 Apt 406 Guaynabo P.R. 00968

Participant's Email Address:

lesegui7@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

8444

Nature of Claim:

Public Employee and Pensions/Retiree Claims

By:

Luz E. Echevarria Segui

Signature

Luz E. Echevarria Segui

Print Name

Title (if Participant is not an individual)

11 August 2021

Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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LUZ E ECHEVARRIA
COND PARKSIDE
D11 CALLE 6 APT 406
GUAYNABO PR 00968-3316

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2021 AUG 13 PM 2:38

CLERK'S OFFICE
DISTRICT COURT
SAN JUAN, P.R.

00918-170625



Unile & Stiles District
Courts Clerk's Office
150 Ave Carlos Chardier St.
150, San Juan, P.R. 00918-1767

SAN JUAN PR 009
11 AUG 2021 PM 2 L



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Maria E. Gonzalez Gonzalez

Participant's Address:

Apartado 609 Bo. Vacas, Villalba, P.R. 00766

Participant's Email Address:

mima5669@gmail.com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

#90738 et. al.

Nature of Claim:

Unpaid wages by the government of P.R.

By:

Maria E. Gonzalez Gonzalez
Signature

Maria E. Gonzalez Gonzalez
Print Name

Title (if Participant is not an individual)

August 10, 2021

Date

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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Maria E. Gonzalez Gonzalez
Apartado 608 Bo. Jacas
Villa Alta, P.R. 00716

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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

United States District Court
Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

00918-170625



SAN JUAN PR 009
11 AUG 2021 PM 2 L



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Harry J. Seijo González

Participant's Address:

870. Calle 18 Colinas de Montecarlo San Juan, P.R. 00924

Participant's Email Address:

hjseijo@yahoo.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

78347

Nature of Claim:

Pension claim for \$74,565.00

By:

Signature

Harry J. Seijo

Print Name

Title (if Participant is not an individual)

8/10/21

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



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CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

United States District Court, Clerk Office
NO one. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

00918-170625



SAN JUAN
11 AUG 2021



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Virginia Candelario
Participant's Address: B-37 Calle 11 Urb. Metropolis, Carolina
Participant's Email Address: vickyas1@icloud.com **PR-00987-7407**
Name of Counsel: Juan Carlos Bigas Valedon
Address of Counsel: P.O Box 7011 Ponce P.R. 00732-7011
Email Address of Counsel: bigas hato rey@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17-03721 - BKT13

Nature of Claim: Bankruptcy

By: V. Candelario
Signature

Virginia Candelario
Print Name

Title (if Participant is not an individual)

August 9, 2021
Date

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2021 AUG 13 PM 2:39
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U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Originis Candellario
Metropolis
Cell 11B37
Carolina P.R

00987-7407

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